MARY JUDE NURSING HOME 9806 WEST LINCOLN AVENUE WEST ALLIS Ownership: Corporati on 53227 Phone: (414) 543-5330 Highest Level License: Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 51 Yes Total Licensed Bed Capacity (12/31/01): 51 Title 19 (Medicaid) Certified? Yes

50

Number of Residents on 12/31/01:

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	81/01)	Length of Stay (12/31/01	.) %		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40. 0		
Supp. Home Care-Personal Care	No					1 - 4 Years	46. 0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	0.0	More Than 4 Years	14. 0		
Day Services	No	Mental Illness (Org. /Psy)	50. 0	65 - 74	4. 0				
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	28. 0		100. 0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	54. 0	*********	******		
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	14. 0	Full-Time Equivalent			
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 F	lesi dents		
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)			
Other Meals	No	Cardi ovascul ar	18. 0	65 & 0ver	100. 0				
Transportation	No	Cerebrovascul ar	10. 0	[']		RNs	7. 3		
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	11. 1		
Other Services	No	Respi ratory	2. 0			Nursing Assistants,			
Provi de Day Programming for		Other Medical Conditions	20. 0	Male	22.0	Aides, & Orderlies	41.0		
Mentally Ill	No	İ		Femal e	78. 0	•			
Provi de Day Programming for		İ	100. 0						
Developmentally Disabled	No				100. 0				
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Average Daily Census:

48

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	1	14. 3	251	1	2. 8	128	0	0. 0	0	1	14. 3	164	0	0. 0	0	0	0. 0	0	3	6. 0
Skilled Care	6	85. 7	251	35	97. 2	109	0	0.0	0	6	85. 7	152	0	0.0	0	0	0.0	0	47	94. 0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	7	100.0		36	100.0		0	0.0		7	100.0		0	0.0		0	0.0		50	100. 0

MARY JUDE NURSING HOME

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01							
Deaths During Reporting Period		.							
					% Needi ng		Total		
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of		
Private Home/No Home Health	2. 9	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents		
Private Home/With Home Health	0. 0	Bathi ng	0.0		50. 0	50. 0	50		
Other Nursing Homes	7. 1	Dressi ng	24. 0		34. 0	42. 0	50		
Acute Care Hospitals	87. 1	Transferring	36. 0		34. 0	30. 0	50		
Psych. HospMR/DD Facilities	1.4	Toilet Use	36. 0		32. 0	32. 0	50		
Reĥabilitation Hospitals	0.0	Eating	70. 0		14. 0	16. 0	50		
Other Locations	1.4	***************	******	*****	******	*********	******	ĸ	
Total Number of Admissions	70	Conti nence		%	Special Treat	ments	%		
Percent Discharges To:		Indwelling Or Externa	l Catheter	8. 0	Receiving R	lespi ratory Care	0. 0		
Private Home/No Home Health	0.0	Occ/Freq. Incontinent		64.0	Receiving T	racheostomy Care	0.0		
Private Home/With Home Health	4. 3	Occ/Freq. Incontinent	of Bowel	50. 0	Receiving S	lucti oni ng	0. 0		
Other Nursing Homes	4. 3	<u> </u>			Receiving 0	stomy Care	2. 0		
Acute Care Hospitals	54. 3	Mobility			Recei vi ng T	'ube Feedi ng	6. 0		
Psych. HospMR/DD Facilities	1.4	Physically Restrained	Į	0. 0	Receiving M	Aechanically Altered Diets	s 42.0		
Reĥabilitation Hospitals	0. 0	i İ			O	J			
Other Locations	2. 9	Skin Care			Other Residen	nt Characteristics			
Deaths	32. 9	With Pressure Sores		4. 0	Have Advanc	e Directives	100. 0		
Total Number of Discharges		With Rashes		4. 0	Medi cati ons				
(Including Deaths)	70	1			Donairring D	sychoactive Drugs	38. 0		

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 94. 1 77. 1 1. 22 86. 3 1.09 82.7 1.14 84. 6 1. 11 Current Residents from In-County 94.0 82.7 1. 14 89. 4 1.05 **85**. 3 1. 10 77. 0 1. 22 Admissions from In-County, Still Residing 25.7 19. 1 1.34 19. 7 1.31 21. 2 1.21 20.8 1. 24 Admissions/Average Daily Census 145.8 173. 2 0.84 180. 6 0.81 148. 4 0.98 128. 9 1.13 Discharges/Average Daily Census 145.8 173.8 0.84 184. 0 0.79 150. 4 0.97 130.0 1. 12 Discharges To Private Residence/Average Daily Census 6.3 71.5 0.09 80. 3 0.08 **58.** 0 0.11 52.8 0.12 Residents Receiving Skilled Care 100 92.8 1.08 95. 1 1.05 91.7 1.09 85. 3 1.17 Residents Aged 65 and Older 100 86.6 90.6 91.6 87. 5 1. 15 1. 10 1.09 1. 14 Title 19 (Medicaid) Funded Residents 72.0 71.1 1.01 51.8 1.39 64. 4 68. 7 1. 12 1.05 Private Pay Funded Residents 13.9 23.8 22. 0 14. 0 1.01 32. 8 0.43 0.59 0.64 Developmentally Disabled Residents 0.0 1. 3 1.3 0.00 0. 9 7. 6 0.00 0.00 0.00 Mentally Ill Residents 50.0 32. 5 1.54 32. 1 1.56 32. 2 1.55 33.8 1.48 General Medical Service Residents 20.0 20. 2 0.99 22.8 0.88 23. 2 0.86 19.4 1.03 49.3 Impaired ADL (Mean) 51.2 52.6 0.97 50.0 1.02 51.3 1.00 1.04 Psychological Problems 38. 0 48.8 0.78 55. 2 0.69 50. 5 0.75 51. 9 0.73 Nursing Care Required (Mean) 7.3 7. 2 7.3 0.99 7. 8 0. 93 1.01 7. 3 0.99